



JUDICIARY ELECTRONIC FILING
AND IMAGING SYSTEM

ATTORNEY PARTICIPATION CERTIFICATION AND
REGISTRATION FORM

NOTE: To complete registration for JEFIS, attorney must review and accept the terms of the Participation Agreement, comply with the annual registration requirement of the New Jersey Lawyer's Fund for Client Protection, and have a current collateral account with the Judiciary. Submit the Registration form in .PDF format via email to PublicAccess.mailbox@judiciary.state.nj.us and place "JEFIS Registration – (Attorney's Name)" in the subject line of the email.

By submitting this form, I certify that I have read the JEFIS Attorney Participation Agreement and agree to abide by its terms.

Date

/S

Attorney Signature

☐

New User

☐

Previous User

Previous Firm Name: _____

ATTORNEY/FIRM INFORMATION FOR REGISTRATION

Attorney Name: _____

Attorney E-Mail: _____

Attorney Bar ID Number: _____

(Attorney Bar ID used for annual registration with the NJ Lawyer's Fund for Client Protection)

Firm Name: _____

Firm Full Mailing Address: _____

Firm ID Number: (telephone number): _____

Firm E-Mail For System Return Notices: _____

Collateral Account Number: _____

Contact Telephone for Registration only: _____

Contact Fax Number for Registration only: _____

Check one or both:

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Special Civil Part DC

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Foreclosure Actions

FIRM CONTACT INFORMATION FOR SYSTEM ENHANCEMENT NOTICES

Contact Name: _____

Contact Telephone: _____

FAX: _____

Contact E-mail For System Enhancement Notices: _____

**E-mail confirming completion of registration and access to JEFIS will be sent by the
Office of the Clerk of the Superior Court**